

COMPREHENSIVE CHILD ABUSE PREVENTION PLAN FOR ORANGE COUNTY

February 29, 2000

*Submitted by the
Orange County Social Services Agency*



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1. EXECUTIVE SUMMARY

*Identify
additional non-
General funding
sources to
expand child
abuse prevention
programs*

*Orange County's
Family Preservation
and Support
Program ... funds
Family Resource
Centers in Mission
Viejo, Tustin,
Fullerton, La Habra,
Garden Grove,
Huntington Beach
and Santa Ana.*

*In the last 2 ½
years
approximately
40,000 clients
have enrolled in
FaCT services.*

The Social Service Agency is presenting to your Board a comprehensive Child Abuse Prevention Plan. This plan is consistent with the County of Orange Strategic Financial Plan Priority #99-17 entitled "Continued Child Abuse Prevention Programs". This priority directs county staff "to identify additional non-General funding sources to expand child abuse prevention programs".

BACKGROUND

In 1994 The Orange County Board of Supervisors adopted Orange County's Family Preservation and Support Program. This plan proposed to establish a network of community-based collaboratives providing a wide array of services under the direction of the Social Service Agency. Seventy-five percent of the funds were spent on family support services and 25% was spent on family preservation. The County's Family Preservation and Support Program changed its name to Families and Communities Together of Orange County or FaCT. The program now funds Family Resource Centers in Mission Viejo, Tustin, Fullerton, La Habra, Garden Grove, Huntington Beach, and Santa Ana.

In March of 1999 your Board accepted the Answers Benefiting Children's (ABC) grant from the California Office of Child Abuse Prevention and the California's Governor's Office of Criminal Justice Planning. This grant partially supports the Corbin Family and Community Resource Center in Santa Ana and the Answers Benefiting Children's Comprehensive Child Abuse Prevention Plan beginning on page 3.

FAMILIES AND COMMUNITIES TOGETHER OF ORANGE COUNTY (FACT)

FaCT has proved to be an effective means of providing community based prevention services. A recently completed evaluation (WestEd) showed that in the last two and a half years approximately 40,000 clients had enrolled in FaCT services. The evaluation goes on to say: "Overall, parenting classes, support groups, and workshops were highly successful. Most parenting classes exhibited a statistically significant difference between pretest and posttest, indicating that clients increased their parenting

*The recommendations
... build on FaCT and
SSA's experience in
providing prevention
services.*

*The
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Prevention Plan
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reduce long-term
costs for
government.*

skills and knowledge, as a result of participating in these classes.” Based on FaCT’s success in developing prevention programs, the Board designated SSA, administrator of FaCT, as the County agency to manage the ABC project. The recommendations of the ABC Comprehensive Child Abuse Prevention Plan build on FaCT and SSA’s experience in providing prevention services.

COMPREHENSIVE CHILD ABUSE PREVENTION PLAN

The Comprehensive Child Abuse Prevention Plan was developed in response to a requirement of the ABC grant. Public input to the plan was obtained through discussion groups, the Partners for Prevention Subcommittee of FaCT, and the FaCT Steering Committee. The plan shows how early childhood intervention programs can reduce long-term costs for government. The plan proposes that the County seek funding for three key strategies:

- to expand Family Resource Centers
- to expand home visitation programs
- to increase the understanding of child abuse in Orange County by expanding community awareness and education activities , as well as child abuse prevention promotional activities

The Plan also proposes to integrate child abuse treatment services with family resource centers and develop means to sustain child abuse prevention and treatment programs

RECOMMENDATIONS

That your Board approve the Comprehensive Child Abuse Prevention Plan for Orange County and refer this plan to the Commission on Families and Children for use in their funding decisions.

2. BACKGROUND

An network of community-based collaborative partnerships aimed at strengthening needy and at risk families, fostering self-sufficiency, supporting the healthy development of children and, thus preventing child abuse.

The County of Orange Social Service Agency has long been committed to the prevention of child abuse. However, due to the nature of public child welfare funding, the agency has had limited resources to support this commitment. The Agency has engaged in several creative endeavors including out-stationing social workers in school and law enforcement settings and contracting with private non-profit agencies for in-home family preservation services. The agency's **Families and Communities Together (FaCT)** program has established a network of community-based collaborative partnerships aimed at strengthening needy and at risk families, fostering self-sufficiency, supporting the healthy development of children and, thus, preventing child abuse.

The County was, therefore, excellently positioned in May 1999, to bid for and receive a grant from the Office of Child Abuse Prevention (OCAP) and the Office of Criminal Justice Planning (OCJP) for their **Answers Benefiting Children (ABC)** initiative. The ABC initiative has two primary goals:

1. to demonstrate the implementation of a research and practice supported, replicable child abuse prevention model in a targeted at risk community and,
2. to develop a comprehensive county-wide child abuse prevention plan to include how existing county services and funding resources could be reorganized to sustain a comprehensive, countywide network of family support and child abuse prevention and treatment services.

Integrating services within a community based Family Resource Center as well as blending funds used to support it.

The ABC Program model consists of a Family Resource Center that includes an array of family support services tailored for and responsive to its specific community, the State sanctioned California Safe and Healthy Families (Cal-SAHF) home visitation program for at-risk newborns, and counseling and support services for child victims of abuse. Unique to this model is the integration of these services within a community based Family Resource Center as well as the blending of funds used to support it. The Corbin Community Center in Santa Ana is the pilot site for this model in Orange County. In addition to the OCAP/OCJP ABC grant funding, FaCT and the City of Santa Ana have provided matching funds for this demonstration project.

Engaging the broad community in planning and decision making, ...long-term perspective approach to improving family and community health and well-being, and ...recognition of the link between child abuse and subsequent criminal behavior.

Input from public and private service providers, parents, youth, civic leaders, faith based organizations, and child welfare professionals

The FaCT Steering Committee approved the ABC Comprehensive Child Abuse Prevention Plan in January 2000.

With direction from the Board of Supervisors, the Social Services Agency assumed the lead in implementing the ABC program model and child abuse prevention planning process using its FaCT program as the vehicle. FaCT was selected due to its successful track record at engaging the broad community in planning and decision making, its collaborative approach to service delivery, its long-term preventive approach to improving family and community health and well-being, and its recognition of the link between child abuse and subsequent criminal behavior. Further, FaCT was already engaged in discussing a comprehensive county-wide child abuse prevention plan that would include a continuum of approaches including, but not limited to, public awareness, broad community education, extensive parent and family life education, early intervention with vulnerable families, home visitation for at risk newborns, treatment and other supports for those who have already suffered abuse. The ABC initiative provided the resources to begin this planning process in earnest and to demonstrate some of these key child abuse prevention approaches.

THE PLANNING PROCESS

The FaCT Steering Committee, comprised of 60+ community members representing public and private service providers, parents, youth, civic leaders, faith based organizations, and child welfare professionals, delegated oversight responsibility for the ABC planning process to its Partners for Prevention (PFP) sub-committee. PFP's purpose is to: *Promote the importance of child abuse prevention and family strengthening programs as crime prevention strategies to the community, the media, law enforcement, public officials, health and human service providers.* PFP includes private agency representatives, public agency staff including Social Services, Probation and Health Care, child advocates, law enforcement, and parents. PFP further established sub-committees to focus on design, implementation, and expansion of two primary elements of the ABC model namely, Family Resource Centers and home visitation for high risk, needy families with children birth to age five. These sub-committees also included additional public and private agency service providers with expertise in the practice of Family Resource Centers and home visitation. In addition, a funding sub-committee was formed, composed of SSA and HCA budget, contract administration and program staff, to determine potential sources of new and existing funding to support and sustain the newly designed service delivery system being demonstrated in the pilot community. Both PFP and

these sub-committees met at least monthly from July through December 1999. The FaCT Steering Committee approved the ABC Comprehensive Child Abuse Prevention Plan in January 2000.

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The planning process was designed to be inclusive of all stakeholders and was guided by the general principle of building on existing resources and strengths in the County and limiting duplication of existing efforts. The planning process included:

- review of key demographic and child/family health and well-being indicators, as well as existing community needs assessments,
- review of research related to child abuse prevention, long term impact of child abuse, and family support programs,
- a seminar with Dr. Rebecca Kilburn of the RAND Corporation described findings related to long term cost savings of family support and early childhood development programs,
- identification of existing child abuse prevention and treatments services with specific emphasis on home visitation and family resource center programs,
- identification of gaps in service either for specific high risk populations or communities,
- input from focus groups conducted with youth and parents from the major ethnic groups in the county where their concerns and solutions were addressed,
- input from existing FaCT funded community based collaborations, some of which include home visitation and family resource center programs,
- attendance at State training workshops on ABC program implementation issues and long term funding strategies,
- discussions and meetings with representatives from Santa Barbara and San Diego Counties to share progress and plans for long term funding,
- identification of existing and new funding resources available in Orange County, and
- development of a budget for the ABC program model.

WHY DO WE NEED A CHILD ABUSE PREVENTION PLAN?

Child abuse is a real problem with severe short and long term consequences for individuals and the community. It threatens individual children's abilities to reach their full potential, drains community resources and negatively impacts community safety. Decades of research support the fact that child abuse can result in

Childhood maltreatment is associated with an increased risk of at least 25% for the outcomes of serious and violent delinquency, use of drugs, poor school performance, symptoms of mental illness and teen pregnancy

Childhood abuse and neglect increased the likelihood of arrest as a juvenile by 53%, of arrest as an adult by 38%, and of committing a violent crime by 38%.

Among state prison inmates 1 in 20 men and 1 in 4 women said they had been sexually abused before age 18; 1 in 10 men and 1 in 4 women reported having been physically abused. 61% of the abused men and 34% of abused women were serving sentences for a violent offense.

both short and long term adverse consequences effecting children's physical and mental health, social and emotional development, cognitive and academic achievement, and in some cases can even result in death. Children who experience maltreatment are significantly more likely to display a variety of problem behaviors during adolescence including serious and violent delinquency, sexual promiscuity and teen pregnancy, drug use and abuse, low academic achievement, and mental health problems such as depression and suicide.

- Childhood maltreatment is associated with an increased risk of at least 25% for the outcomes of serious and violent delinquency, use of drugs, poor school performance, symptoms of mental illness and teen pregnancy. (In the Wake of Maltreatment, Juvenile Justice Bulletin, U.S. Department of Justice, August 1997.)

More recent studies have begun to document the link between child abuse and later juvenile delinquency and adult criminal behavior.

- A National Institute of Justice study found that childhood abuse and neglect increased the likelihood of arrest as a juvenile by 53%, of arrest as an adult by 38%, and of committing a violent crime by 38%. (Widom, C.S., The Cycle of Violence, October, 1992.)
- The U.S. Department of Justice, Bureau of Justice Statistics, reports that among state prison inmates 1 in 20 men and 1 in 4 women said they had been sexually abused before age 18; 1 in 10 men and 1 in 4 women reported having been physically abused. 61% of the abused men and 34% of abused women were serving sentences for a violent offense. (Harlow, C.W., Prior Abuse Reported by Inmates and Probationers, April, 1999.)

Determining the true extent of child abuse and neglect has been challenging; however, methods to estimate its prevalence have improved over the years. Self-report surveys, national incidence studies, and official report data are the primary mechanisms used to understand the scope of the problem.

The U.S. Department of Health and Human Services Third National Incidence Study of Child Abuse and Neglect (1996) indicates the following:

- There have been substantial and significant increases in the incidence of child abuse and neglect since the last national incidence study in 1986.
- The total number of abused and neglected children was two-thirds higher in 1996.
- Both the total number of children seriously injured and the total number endangered quadrupled during the ten-year period.

It goes on to report that, nationally, child protective services investigated less than half of all children recognized to be abused or at risk of abuse by any source, and only investigated 26% of the cases in which actual harm to a child was reported. This is, in part, due to growing reports and caseloads without similar growth in agency budgets and staffing.

In Orange County, official data shows that there were 33,791 child abuse reports filed in 1997/98, which represents about a 9% decrease from 1992/93. Almost 50% of the 97/98 reports were for children age 7 or under. 17% were for children age 1-3 and 4% were for children under 1 year. At the same time we know that children under age 2 are the most vulnerable to serious harm or death due to child abuse or neglect, and these children are the least likely to come to the attention of the child welfare system.

While the rate of child abuse reports has decreased since 1992/93 in Orange County, the percentage of children for whom an initial dependency petition is filed has increased. In 1997/98, there were 2,198 petitions representing 6.5% of the child abuse reports whereas in 1992/93 the rate was 5%. Further, and significantly, in addition to the increase in the numbers of children entering out-of-home care, is the fact that the length of stay in out-of-home care has also increased with 32.4% of the children staying in care for 25 or more months. Longer lengths of stay in out-of-home care tend to increase a child's problems, makes it less likely that a child will be reunified with family members, and makes it more difficult to find an adoptive family.

A 1999 national poll sponsored by Children's Institute International of Los Angeles reported that only one in three people who witness child abuse does anything about it. Further, we know that by far the highest incidences of child abuse occur in the privacy of family homes during the stressful hours surrounding meals, homework, and bedtime.

In addition to the human toll child abuse takes on its victims and society, there are financial costs associated with only responding

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after the fact. It costs about \$36,000 to maintain a child in foster care for one year. This does not include the administrative, clinical treatment, medical, and special education expenses that often are required. To provide in-home and center-based family support and preservation services for a family for a year has been estimated to cost from \$3000-\$5000. In an outcome and cost savings analysis of early childhood intervention programs conducted in 1998 by the RAND Corporation (Investing in Our Children, 1998), they found the following child and family outcomes and cost savings:

Child/Family Outcomes

- Gains in emotional or cognitive development for the child, typically in the short run, or improved parent-child relationships
- Improvements in educational outcomes for the child
- Increased economic self-sufficiency, initially for the parent and later for the child, through greater labor force participation, higher income, and lower welfare usage
- Reduced levels of criminal activity
- Improvements in health-related indicators, such as child abuse, maternal reproductive health, and maternal substance abuse

Cost Savings

- Early childhood intervention programs generate at least four types of significant savings to government:
 - **Increased tax revenues** - resulting from increased employment and earnings by program participants, including income tax at the federal and state levels, Social Security contributions by both employer and employee, and state and local sales taxes.
 - **Decreased welfare outlays** – reduced payments and administrative costs associated with Medi-Cal, food stamps, TANF, and general assistance.
 - **Reduced expenditures for education, health and other services** – special education, emergency room visits, stays at homeless shelters, etc.
 - **Lower criminal justice system costs** – arrest, adjudication, incarceration expenses.
- Costs for providing the programs for high-risk families that achieved the above results were significantly less than the estimated savings to the government. For example, one program studied cost \$12,000 per family to operate and netted the government \$25,000 in later savings, and another program

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model cost \$6,000 per family to operate, and the government saved \$24,000.

- Additional monetary benefits to the rest of society include greater income enjoyed by program participants as compared to non-participants, and savings to persons who, in the absence of the program, would have been crime victims which includes both tangible and intangible losses.

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All of these facts combined indicate that the current system designed to respond to child abuse is only touching the “tip of the iceberg” with large numbers of at-risk children never coming to the attention of the public child welfare system and costing society both financially and in terms of community quality of life. New, innovative, easily accessible, family friendly services are needed to attract all families, and particularly those who are over-burdened and at risk, to come forward and receive assistance before problems escalate to the point of serious harm to a child and unnecessary costs to society. Such promising family support and prevention oriented practices have been developing around the country and in Orange County under the leadership of the FaCT program.

3. FACT'S VISION FOR CHILDREN

FaCT's vision is that all our children grow up in stable, nurturing families and safe, supportive communities which promote healthy development, and provide opportunities for children, youth, and adults to achieve their full potential as caring, responsible, and productive members of society.

The FaCT Steering Committee developed the following vision for Orange County:

“That all our children grow up in stable, nurturing families and safe, supportive communities which promote healthy development, and provide opportunities for children, youth, and adults to achieve their full potential as caring, responsible and productive members of society.”

GUIDING PRINCIPLES FOR SERVICE DELIVERY

Based on input gathered during the 1999 FaCT planning process, the following guiding principles emerged. These principles will be incorporated into all child abuse prevention service strategies.

1. Actively engage the broad community including local residents, faith groups, businesses, public and private organizations, civic groups, etc. in the planning and implementation of services that promote the well-being, safety and permanency of children, families, and communities.
2. Be community based and maximize opportunities to provide integrated, coordinated, and easily accessible resources for families that assure the successful linkage of program participants with needed services.
3. Affirm families' cultural, ethnic, and linguistic identities and enhance their ability to function in a multicultural society.
4. Be family-centered and family-friendly.
5. Be outcome driven and identify indicators that accurately reflect progress towards the stated goals.
6. Employ program strategies based on principles that have been demonstrated to be effective with the target populations to be served.
7. Identify and address family and child abuse issues in the community with an emphasis on prevention, early intervention,

and permanency.

8. Identify and address substance abuse problems, including prevention and access to intervention strategies.
9. Demonstrate the ability, now and in the future, to integrate multiple public, private, and collaborative partner funding sources.

GOALS AND OBJECTIVES

The comprehensive child abuse prevention plan includes two levels of goals: system level goals and family/child level goals.

System Level Goals

Replicate the ABC service delivery model.

1. To replicate the ABC service delivery model throughout the County – community responsive, culturally appropriate, family friendly Family Resource Centers that integrate a wide array of family support services, including the following: home visitation for at risk newborns, health education, counseling for child victims, and services that meet the four purposes of TANF (Temporary Assistance to Needy Families).
 - 1.1 To expand the services of the six currently funded FaCT collaboratives to include Family Resource Centers, home visitation services, caregiver support services, and family visitation programs.
 - 1.2 To identify, using standard indicators, additional high need communities in the County by February 2000
 - 1.3 To increase by three the number of ABC Family Resource Center model sites by October 2000
 - 1.4 To further expand the number of ABC Family Resource Center sites, through community partnerships, over the next five years so that families in each of the high need communities identified have access to these services
 - 1.5 To collaborate with the Children and Family Services Division of SSA to integrate child abuse treatment services, to develop family visitation programs, and to provide support for relative caregivers through the community based FRCs.

Expand home visitation services.

2. To expand home visitation services for newborns and their families.

- 2.1 To integrate home visitation services for at risk newborns and their families into existing FaCT funded collaboratives

- 2.2 To expand the availability of home visitation services for at risk newborns and their families in three new communities by October 2000

- 2.3 To assure that all at-risk newborns and their families are offered home visitation services by 2003

- 2.4 To offer all newborns and their families, regardless of risk status, home visitation Services by 2005

Increase access to health care.

3. To increase access to and utilization of health care services by clients at the Family Resource Centers.

- 3.1 To partner with health care organizations and bring services to FRCs, i.e., mobile health vans

- 3.2 To outstation public health nurses at FRCs to increase the following: immunization rates, prenatal care, and health insurance enrollment

- 3.3 To utilize *promotoras* (health advocates from the community served) to improve outreach and increase utilization of services

Increase community awareness.

4. To increase community awareness about child abuse and access to prevention and resource information.

- 4.1 To establish and market a Parent Warmline and Parenting Information Clearinghouse

- 4.2 To conduct and expand the annual Blue Ribbon child abuse prevention awareness campaign under the leadership of Prevent Child Abuse Orange County

- 4.3 To distribute A Guide for New Parents: That Set of Instructions Your Baby Didn't Come With! to all new parents by 2002

Develop a funding scheme.

5. To develop a funding scheme that can sustain the ABC

integrated service model through blended funding and community partnerships.

5.1 To explore the use of CalWORKs, Proposition 10, Medi-Cal and existing child welfare funding

5.2 To approach cities, hospitals, businesses and other community partners to engage their interest and support in the development of Family Resource Centers in their communities

5.3 To seek financial support from state and national private foundations

5.4 To collaborate with other ABC counties in the pursuit of state and national public and private funding

Increase understanding of child abuse and its impact.

6. To increase our understanding of child abuse and its impact on Orange County so as to be better able to prevent and respond to it.

6.1 To explore the creation of a research collaborative involving the county, University of California at Irvine, California State University Fullerton, and WestEd

6.2 To consult with state and national research experts

6.3 To partner with other ABC model counties in seeking private resources for the purpose of program evaluation and research

Engage in community-wide planning.

7. To continue to engage in community-wide planning for the purpose of monitoring and strengthening child abuse prevention efforts.

7.1 To have the FaCT Steering Committee monitor the plan and progress on an annual basis, and to make recommendations for changes or further development

Family/Child Goals

1. To prevent child abuse and neglect
2. To improve the health status of needy children and families including the establishment of a medical home for every child

The developed family/child goals will be achieved through the development and expansion of the ABC model: Family Resource Centers, home visitation services, counseling and support services for child abuse victims and needy families.

3. To provide assistance to needy families so that children may be cared for in their homes, or in the homes of relatives; and to end dependence of needy parents on governmental benefits by promoting job preparation.
4. To ensure positive child and youth development and the avoidance of adverse youth behavior (gang involvement, teen pregnancy, delinquency, alcohol/tobacco/drug abuse)
5. To enrich community and family life, encourage the formation and maintenance of two parent families, and promote resident involvement

All of the above family/child goals will be achieved through the development and expansion of the ABC model: Family Resource Centers, home visitation services, counseling and support services for child abuse victims and needy families.

4. SERVICE STRATEGIES

The prevention of child abuse is viewed as requiring a continuum of support for all families including biological parents, foster and adoptive parents, relative caregivers, teen parents, blended and single parent families, parents with children with special needs, and specialized outreach and services for vulnerable, needy, and at risk families.

The plan includes programs that fall along the service continuum from primary prevention, to early intervention, to treatment.

The prevention of child abuse is viewed as requiring a continuum of support for all families including biological parents, foster and adoptive parents, relative caregivers, teen parents, blended and single parent families, parents with children with special needs, and importantly, specialized outreach and services for vulnerable, needy, and at risk families. The plan includes programs that fall along the service continuum from primary prevention, to early intervention, to treatment. The first priority strategies to be addressed are:

I. COMMUNITY AWARENESS AND EDUCATION

Broad community awareness about the problem and consequences of child abuse, practical and proven means for preventing abuse, widely available parenting education programs and resources available for families form the foundation for the elimination of child abuse in the county. There are three proposed components to community awareness and education.

1. Establishment of a countywide easily accessible Parent Warm-Line and Parenting Education Information Clearinghouse.

The purpose of this service is threefold:

- to provide a place where parents, particularly stressed parents, can call for advice or information.
- to maintain specialized current information on parenting education classes available in the county. This much used parenting education clearinghouse service used to be provided by a community based agency but is no longer.
- to facilitate efficient, broad marketing and dissemination of one parenting resource and support number, ideally a toll free number.

This could be accomplished by building on the existing contract the County has with InfoLink or be integrated into the FaCT collaborative network of services.

2. Conduct an annual Countywide Blue Ribbon Child Abuse Prevention Campaign.

Orange County is fortunate to have Prevent Child Abuse Orange County (formerly the Child Abuse Prevention Council of Orange County), a non-profit organization, that already conducts one of the most successful Blue Ribbon Child Abuse Prevention Awareness campaigns in the State. With additional support and coordination through the FaCT Steering Committee and network of collaboratives, this campaign could reach even more Orange County residents than the current 5000+ touched each year.

3. Distribution of a Parenting Manual to all new parents in the County

Prevent Child Abuse Orange County has developed a parenting manual titled: A Guide for New Parents: That Set of Instructions Your Baby Didn't Come With! This manual, developed by a team of Orange County health, social work, and child development experts, is designed for all new parents and has highly accessible information on child development, health, safety, parenting skills, and resources for further information. The manual is currently being distributed to many high-risk families through 19 community based service providers and hospitals. Hospitals have expressed particular interest in distributing it to all their new parents. The manual is in the process of being translated into Spanish. In addition, the manual could easily be distributed in conjunction with the proposed home visitation service. With additional support for publication and distribution, this manual could reach every newborn's parents in Orange County.

II. FAMILY RESOURCE CENTERS (FRCs)

Family Resource Centers have the dual focus of improving the lives of individuals and families as well as changing the communities in which they are located and the systems that serve them.

A Family Resource Center is a vehicle for engaging local residents and community organizations in the identification and resolution of community concerns. Family Resource Centers have the dual focus of improving the lives of individuals and families as well as changing the communities in which they are located and the systems that serve them. While each Family Resource Center is unique to its community and the families served, they share a common set of characteristics:

- **Physical Location:** there must be a place that is user friendly, easy to access, and ideally located in a place where people already go and/or where there is high foot traffic.
- **Family Focus:** should be friendly and attractive for all – children, youth and adults – and have activities/services

designed for all age groups. Must be culturally sensitive to the community served and responsive to all types of families (two parent, single parent, blended, foster, adoptive, relative caregivers, working poor, special needs children, etc.)

- **Continuum of Services:** activities and services should range from universal things such as libraries and information and referral, to fun activities like Family Activity Nights, to educational seminars, to support groups like Mommy/Daddy and Me groups, to prevention oriented classes, to services for targeted populations such as home visitation or counseling. Each FRC may have a different range and be working towards the range, but a continuum of services is the goal.
- **Center Based and Outreach Oriented:** there must be centered based activities and services in addition to outreach into the surrounding community to let the community know the FRC is there, to provide services in families homes and in satellite sites like schools or child care centers. Degree of outreach needed depends on size and nature of the community served. FRCs should be places where neighborhood groups like Neighborhood Watch can meet; it should provide a public space for meetings.
- **Coordinate rather than duplicate services:** FRCs should partner with existing service providers and/or encourage others to use the FRC as a service site rather than duplicate existing services.
- **Strong Resident/Parent Involvement:** activities geared at getting local residents involved in planning, designing and implementing activities at FRCs. Local residents truly drive the FRCs activities with staff serving as professional consultants in partnership with community members. A high level of local resident involvement is also critical for sustainability.
- **Volunteerism:** volunteers are critical to the success of an FRC. They not only assist in service delivery, they also serve as ambassadors for the FRC in the community which promotes community ownership and ultimately, sustainability.
- **Employ Collaborative Processes:** while an FRC does not require a joint venture agreement or the formality of sub-contracts or memorandums of understanding, it does need to work in partnership with the community, especially local residents.
- **Blended Funding:** one of the many strengths of the FRC approach is the opportunity they provide to blend funds from a wide variety of public and private streams. Money can be drawn down from existing systems in education, social services, health care, child welfare, community development,

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as well as from the private philanthropic and business sectors since the FRC's goals are comprehensive, the families they serve are diverse, and the programs they provide are flexible.

Using the Corbin Family & Community Center demonstration site as a model, FaCT's approach is to be a catalyst for the development of FRCs in the county as opposed to building and operating them. FaCT's approach includes providing ongoing technical assistance, maintaining networking among sites, creating situations for sites to share experiences, and coordinating training programs related to program needs which may include a wide range of topics, i.e., sustainability, governance, parental involvement, etc.. Based on this, the ABC planning team addressed the following questions: "Why would a community want an FRC? Why would civic and community leaders be interested in supporting them?"

Family Resource Centers – The Value Added: Outcomes and Measures

1. Children will be safe from abuse and neglect in their own homes
 - Recidivism among families served, out of home placement rates, domestic violence calls to police involving children
2. Healthy children and families
 - Pre-natal care rates, birth weights, immunization rates - birth to two years, CHDP or well child-care rates, height/weight of children served, smoking/drug/alcohol use reports, exercise and nutrition habits, medical insurance coverage rates
3. Well functioning children and youth
 - School achievement – report cards, test scores, graduation rates, drop out rates, juvenile arrests and time of arrests (i.e., after school hours), gang membership, teen pregnancy and parenting, substance use/abuse
4. Self-sufficient, strong families
 - CalWORKs participation, homelessness data
5. Family friendly communities
 - Resident reports of increased feeling of safety, connectedness, community support
6. Active resident involvement in FRC and community issues

- Participation data

III. HOME VISITATION

The ABC model integrates Family Resource Centers with home visitation programs that serve at risk families with children pre-natal to five years old. In this way, the home visitation program is strengthened through its association with an FRC as its families are more easily integrated into the community as well as are able to access a broader range of supports. At the same time, the FRC is strengthened by the home visitation component because it reaches out into the community bringing more isolated and needy families to the FRC.

The planning team supports the implementation of the Cal-SAHF home visitation model, which is a research based design utilizing the optimal practice elements of many, strong, nationally recognized conceptual models.

The planning team supports the implementation of the OCAP promoted Cal-SAHF (California Safe and Healthy Families) home visitation model with minor modifications. The Cal-SAHF Family Support Home Visitation Model is a research based design utilizing the optimal practice elements of many, strong, nationally recognized conceptual models. Cal-SAHF is designed to have the potential for broad application to address a range of family and child problems. It is further designed to promote community flexibility in implementation, while providing a set of minimum standards for staffing, training, and supervision, and a system for maintaining long term quality based on program outcomes focused on protecting children and improving family functioning and self-sufficiency.

The Goals and Objectives of the Cal-SAHF home visitation program are:

- Preventing/reducing welfare dependence
- Reduced hospitalization costs and avoidable medical costs
 - Preventing/reducing teen pregnancy
 - Reduced emergency room visits
 - Reduction in unintentional injuries
 - Increased primary care visits
 - Optimizing access to needed health care and community services
- Reduced Interventions by Child Welfare, Law Enforcement, and the Courts
 - Preventing child maltreatment
 - Preventing/reducing family violence
 - Preventing/reducing substance abuse

- Preventing Adverse Outcomes for Children and Their Families
 - Reduction in school drop-outs
 - Reduced costs in special education
 - Reduced substance abuse
 - Maintaining child and family health
 - Improving school readiness
- Promoting Positive Parenting and Optimal Child Development
 - Promoting appropriate well care for children
 - Improving child health and developmental outcomes
- Enhancing Autonomy and Self-Sufficiency
 - Promoting continuing personal development of parents, including education and vocational development

Key Components of the model include:

- A systematic screening and assessment process to determine risk – this assures the best use of limited resources for the prevention of child abuse in clearly at risk families
- A family-centered service plan
- Intensive home visitation – intensity and duration dependent on family need but available from pre-natal period until child turns age five
- Child development and health monitoring and intervention
- Establishment of a medical home
- Use of community resources and connection with the FRC center based services
- Multi-disciplinary case management and service delivery team – licensed clinical program coordinator/supervisor, masters level social worker, public health nurse, home visitors, child welfare professional, substance abuse specialist, child development specialist, and CalWORKs case worker.

Members of the team bring different educational and professional perspectives to their work with families. The primary contact with the family is usually the home visitor. While the nurse, child development specialist and other team members may also perform home visits, they primarily serve as consultants and assist in assessment, service planning and strategies.

Based on the guiding principle of building on current County strengths and not duplicating services.

Based on the guiding principle of building on current County strengths and not duplicating services, existing home visitation programs *, of which there are several in the County, would be used first for families meeting those program's eligibility criteria

before using the newly expanded Cal-SAHF services. In addition, the Cal-SAHF program could be used in follow-up to existing time limited home visitation services as appropriate.

* Existing home visitation programs include: medically high risk infant follow-up provided by VNA and HCA, HCA's Healthy Futures for teen parents, CalLEARN/UpBeat case management for pregnant and parenting teens, Perinatal Substance Abuse Services Initiative for substance abusing pregnant women, Early Start for families with children with special needs, Orange County Child Abuse Prevention Center's Welcome Baby and Tender Care Parenting programs, Boy's Town's family preservation services, and Children's Bureau of Southern California's Cal-SAHF demonstration program.

5. FUNDING AND SUSTAINABILITY

Funding resources for sustainability do not include the use of County General Funds.

The funding team identified the following potential funding resources and sustainability approaches for these service strategies. Significantly, these funding resources for sustainability do not include the use of County General Funds. Efforts will be made to blend the following funding streams to maintain FRCs throughout the County. In addition, the Divisions within SSA will work to integrate resources to more appropriately and effectively serve county residents.

FAMILY PRESERVATION AND SUPPORT

These funds are part of the Adoption and Safe Families Act of 1997 which is part of Title IVB of the Social Security Act and are designed to fund family preservation and support services that are community planned and based. Orange County uses this funding to support seven community based collaborative networks that provide a wide array of services aimed at strengthening family functioning and self-sufficiency, developing children and youth, assuring access to health and other resources and building community capacity. Each collaborative is required to have a Family Resource Center and to provide case management services. The Corbin Community Center, Orange County's ABC demonstration site, is one of these collaboratives.

PROPOSITION 10

Under the direction of the Orange County Children and Families Commission Strategic Plan, these funds, which are generated from a statewide tax on tobacco products, are to be used to support the healthy development of young children prenatal to age five through services aimed at improving family functioning and nurturing parenting practices, improving child development and school readiness, and improving child health. Orange County's Commission is still in the process of developing its strategic plan and resource allocation process.

MEDI-CAL

A number of federal and state funding streams exist that could be used to support family support and child abuse prevention services. The funding team is analyzing which of these funding streams is appropriate, efficient to administer, and how to draw down these funds using current and new funds, such as those listed above, as a match.

PRIVATE FOUNDATIONS

Many large State and National Foundations are interested in community based approaches for addressing child welfare, family support, and community capacity building. Examples include: Stuart Foundations, California Wellness, Irvine Health, Robert Wood Johnson, Edna McConnell Clark, Weingart and others. Further research is needed and relationships would need to be built.

PARTNERSHIPS WITH CITY GOVERNMENT

Orange County is unique in that it is a community of communities each with its own sense of identity and pride. The ABC planning team believes that this is a strength upon which to build much like has been done in Santa Ana with the Corbin Community Center. The plan includes outreach to other cities, particularly those in high need areas, to ascertain their interest in entering into a partnership to develop Family Resource Centers.

PARTNERSHIPS WITH HOSPITALS

Several of the existing FaCT collaboratives have strong hospital partners. This has proven to be a successful design and in particular, key to the implementation of the Cal-SAHF home visitation program for at risk families with children birth to five. Outreach to additional hospitals would need to occur to engage them in the development of community based services and implementation of the home visitation program.

LOCAL COMMUNITY SUPPORT

Broad community support from a wide range of stakeholders is key to the success of a Family Resource Center. This would include working with collaborative partners in high need areas to outreach to parents, youth, the faith community and local businesses to obtain their support and involvement in the prevention of child abuse and the development of services in their community.

PARTNER WITH OTHER ABC COUNTIES

There are 14 other counties in California that were funded under the ABC initiative. Several, including San Diego and Santa Barbara, have expressed interest in joining together to pursue national and/or state foundation funding.

CalWORKS INCENTIVE FUNDS

These funds come to the County based on achievement of welfare-to-work goals. CalWORKS Incentive Funds must be used to meet the requirements of TANF which are: to provide assistance to needy families so that children may be cared for in their homes or in the homes of relatives; to end dependence of needy parents on governmental benefits by promoting job preparation, work and marriage; to prevent and reduce the incidence of out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.

EVALUATION

Great progress has already been made toward building the capacity of programs and communities to measure progress.

The FaCT Steering Committee is committed to making real change in the community for children and families and is therefore committed to measuring the results of this plan. FaCT has already made great progress toward building the capacity of programs and communities to measure progress. This has been achieved through funding the development of a community collaborative database designed by WestEd, the contract evaluator for the FaCT collaboratives. Service providers contracted to provide services described in this plan would be provided with, trained and required to use the WestEd database.

The evaluation would include both a process evaluation describing the development and implementation process designed to monitor and assure quality, and an outcome evaluation designed to measure change in the condition of families and children as a result of services.

Resources would be allocated to augment the WestEd contract to include additional collaborative ABC Family Resource Center sites. This evaluation, as with the other FaCT collaboratives, would include both a process evaluation describing the development and implementation process designed to monitor and assure quality, and an outcome evaluation designed to measure change in the condition of families and children as a result of services. Further, WestEd would gather community wide indicator data to assess the impact of this service approach on the broader community being served. FaCT staff would coordinate with the Prop 10 Commission Measurement Sub-Committee that is currently developing outcomes and indicators for Prop 10 funded services to assure compatibility between the systems. In addition,

FaCT staff would coordinate with the County CEO's work on the Community Indicator's Project.